



What Is JR CAPteens? A Youth Leadership and Philanthropy Program through CAPTAIN Community Human Services for Shenendehowa District Middle School Students

What do JR CAPteens do? We learn how to help our community and what it means to act as Ambassadors for CAPTAIN CHS, a non-profit organization aimed at Lifting People Up and Building Brighter Futures

Leadership: CAPteens is student led. A Leadership Council directs the CAPteens; holds meetings, develops community events, provides volunteer opportunities for the members, role models leadership, and evaluates the program success. Learn what it takes to become a CAPteen and participate on the Leadership Council!

Membership: JR CAPteens commit to a minimum of 10 hours of volunteer work per school year on behalf of CAPTAIN CHS doing activities such as:

- JR CAPteen shifts at the CAPTAIN office helping with CAPteen planning, or CAPTAIN efforts
- Participating in Community Wellness events such as Parks Clean-Up Days
- Helping Senior Citizens- create cards for special occasions, bake homemade treats and help with yard work.
- Organize and implement a food drive or Clynk drive.
- Fundraising or soliciting donations for CAPTAIN CHS

How do I become a JR CAPteen?

Incoming 6th, 7th, and 8th grade Students may submit an application with parent signature to Becca Anthony. This can be done either online or in paper form.

CAPteen candidates may return completed forms to:

**Becca Anthony • CAPTAIN Community Human Services
5 Municipal Plaza • Suite 3 • Clifton Park • 518-371-1185 • becca@captaincares.org**

CAPteens Application

Name: _____ Date: _____

Phone: _____ Cell: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Email: _____ Current Grade: _____

Parent/Guardian Names: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Why do you want to be a part of CAPteens?

What extracurricular activities and/or community service projects are you committed to?

What skills, talents or interests do you have?

Do you have any restrictions or challenges we should know about?

I understand that my son/daughter is applying to be a part of the CAPteens program with my full permission. _____

Parent's signature

Date

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CAPTAIN
Community Human Services
Lifting people up. Building brighter futures.

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(p) 518.399.4624 • (f) 518.399.8663

5 Municipal Plaza, Suite 3, Clifton Park, NY 12065
(p) 518.371.1185 • (f) 518.383.7997

www.captaincares.org

PHOTO RELEASE & CONSENT FORM

****Please have your parent/guardian sign this form****

I understand that my son/daughter is applying to be a part of the CAPteens program with my full permission. _____

Parent's signature

_____ Date

I hereby give permission for my child to be photographed and/or videotaped for CAPTAIN Community Human Services promotional material.

I hereby transfer to CAPTAIN Community Human Services all copyright and other interests in photographs and/or videotape taken. I also hereby grant royalty-free permission, including nonexclusive world rights in all languages, to reproduce in all formats including but not limited to print, electronic, and/or CD-ROM, to reproduce for promotional purposes.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

Date: _____

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